

Medicare Beneficiary Quality Improvement Project (MBQIP)

Pharmacist CPOE/Verification of Medication Orders within 24 Hours Measure Guide

Background:

Adverse drug events account for 34.2% of all hospital acquired conditions (Partnership for Patients, 2010). Additionally, each hospital patient can expect to be subjected to, on average, more than one medication error per day (IOM, 2006). The goal of the MBQIP Phase 3 Pharmacist Verification of Medication Orders within 24 hours is to increase the level of pharmacist oversight of the medication administration process at Critical Access Hospitals, resulting in fewer errors, better medication management, and improved patient outcomes. The measure was designed to be non-burdensome, providing a simple numerator/denominator percent value derived from a report generated by the hospital's order entry software.

Flex programs are commenting on the challenges CAHs are having with vendors, making this report available. While we still prefer the hospitals work with their vendor to produce the 24 Hour Pharmacist Verification Report, we are also accepting an alternate method of reporting.

The Measure:

The Pharmacist CPOE/Verification of Medication Orders within 24 Hours Measure consists of a numerator and denominator:

<u>Numerator:</u>	Number of <u>electronically entered</u> medication orders for an inpatient admitted to a CAH (acute or swing-bed), verified by a pharmacist <u>or</u> directly entered by a pharmacist within 24 hours.
<u>Denominator:</u>	Total number of <u>electronically entered</u> medication orders for inpatients admitted to a CAH (acute or swing-bed) during the reporting period.

Inclusion Criteria: Inpatients admitted to acute care bed, swing bed; observation patients

Exclusion Criteria: Outpatients; ED patients

ORHP is revising the measure to include two methods of capturing the data:

Preferred Method:

The numerator and denominator are pulled from the Verification Report.

Alternate method:

The **numerator** is the number of electronically entered medication orders for an inpatient admitted to a CAH (acute or swing-bed), verified by a pharmacist or directly entered by a pharmacist within 24 hours – based on the pharmacist coverage hours. The **denominator** would still be reported as the total number of electronically entered medication orders for inpatients admitted to a CAH (acute or swing-bed) during the reporting period.

Example: A CAH has Monday through Friday pharmacist coverage but no weekend coverage, and there are 37 orders entered between end of shift Friday and 8am on Sunday morning (24 hours before start of shift on Monday). Say the total number of electronically entered medication orders for inpatients admitted to a CAH (acute or swing-bed) during the week equals 280.

Numerator: 280 (total orders) - 37 (orders during period of no coverage) = 243 orders that were entered or reviewed by pharmacist within 24 hours

Denominator: 280 total orders electronically entered

Percent compliance: 243/280 = 86%

As a result, MBQIP will still receive the % compliance (numerator / denominator) for the measure based on the alternate method of compliance via a simpler generation of the number of electronically entered orders during a reporting period and subtracting out the orders that “fall out” as a result of no pharmacist coverage rather than a computer generated pharmacist verification report that includes additional data points such as the timing verification.

Flex Program Preparation:

To prepare for this measure, Flex Coordinators should be having conversations with the CAHs in their state. Items to discuss include:

- How many CAHs have computerized medication order entry?
- How many CAHs are still using paper MARs (Medication Administration Records)?
- Encourage the CAHs with computerized medication order entry to reach out to their vendors to determine the capability to run the numerator/denominator report for this measure.
- Explain the Alternate Method of Compliance to the CAHs in the case where reporting capability is not being offered to them after they speak with their vendors.

Critical Access Hospital Preparation:

To prepare for this measure, CAHs should:

- Reach out to your vendor to check on the capability to have a report generated in your medication order entry system. (See additional resource: Pharm Verification Reports Nov2013)
- Report the measure from either a computer generated Pharmacist Verification report or the alternate method of compliance to the Flex Coordinator on a quarterly basis.
- Determine appropriate pharmacist coverage for your facility.

ORHP also recognizes that there are still a number of CAHs that do not yet have computerized medication order entry, but are moving in that direction. These CAHs may not be ready to collect data for this measure in the first reporting period of Phase 3, and that is okay. As soon as the CAH is equipped with computerized medication order entry, they can begin reporting, even if it is two or three quarters into Phase 3.

ORHP Data Collection Timeline:

ORHP is working to develop PIMS to allow the Flex Coordinator to upload a spreadsheet containing measure data for CAHs. The format could possibly come from the vendor for easy state upload. The reporting mechanism for uploading is targeted for June 2014.

Flex Coordinator/Hospital Data Collection Timeline:

While we have this delay for Phase 3 upload from Flex coordinators to ORHP, please don't let this prevent you from collecting the data from the participating hospitals in your state. This will provide the opportunity for hospitals to practice doing the report and to take a look at their own data and begin any necessary improvement activities based on any gaps in pharmacist coverage they see.

When the reporting mechanism is available in June, we will accept reporting for Quarter 1 (Oct – Dec 2013) and Quarter 2 (Jan-Mar 2014). If hospitals aren't able to pull data from either of these quarters, that is fine, they can start with Quarter 3 (April – June 2014).